Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for work hardening and office visits with manipulations.

   b. The request was received on August 16, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA's
   c. EOB
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit 2:

   a. TWCC 60 and/or Response to a Request for Dispute Resolution
   b. Audit summaries/EOB
   c. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on September 20, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on September 23, 2002. The response from the insurance carrier was received in the Division on October 7, 2002. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated September 13, 2002 that… "…The carrier has denied work conditioning and work hardening for these two reasons plus they claim that the patient is not entitled to both for the same injury as they are the same thing. They are not correct in this as TWCC MFG differentiates the differences between work conditioning and work hardening and I verified this thought the staff at TWCC in Austin.

   The carrier also states that work conditioning and work hardening was not preauthorized. However, according to TWCC Rule 341.600 preauthorization is not required for the services rendered.

   To make matters more confusing at time they deny charges due to lack of documentation. However, TWCC Rules 133.1(a)(3), 133.300(a), 133.301 and 133.304(c) state, 'a generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.

   Furthermore, in accordance with TWCC Advisory 98-03, all documentation supporting our procedures were attached to the original HCFA. According to TWCC advisory 98-03, 'It is the obligation of the carrier to furnish its auditors, or fourth party reviewers, with any necessary or needed copies of the required medical reports in order to ascertain the level of treatment given and the treatments or procedures performed'.

   Regarding the charges that were denied other than work conditioning and work hardening these were denied due to lack of preauthorization. Our office made numerous attempts, by mail, fax and hone, to both the previous treating doctors and the carrier, to secure the previous medical records. None were received until after the request for reconsideration. If they carrier wants to deny treatment based upon preauthorization over 8 weeks of care, they should be able to furnish documentation that supports that such care was indeed rendered. To not do so in an omission that they truly don't care about preauthorization issues…"

2. Respondent: The respondent states in the correspondence dated October 7, 2002 that… "…This claimant first received treatment through ___ who prescribed and treat the claimant with three weeks of physical therapy… This treatment resulted in a return to work…. The claimant then changed treating doctor to ___ who aggressively treated the claimant with physical therapy and manipulations. The carrier paid for the office visits and manipulations (99213 MP and physical therapy), but began to deny the physical therapy in light of the fact that the claimant was not beyond 8 weeks of physical therapy without preauthorization…

The carrier had paid per the Fee Guidelines up to this point, but denied the continued physical therapy in light of the lack of preauthorization… Furthermore, since the claimant had been returned to work after only 3 weeks of physical therapy in March 2001 and no documentation was submitted by the provider had indicated the necessity of further treatment, the carrier began disputing work hardening… The health care provider never submitted adequate documentation to substantiate the need for this level of treatment. Nor did this health care provider even indicate what impact or improvement this treatment was having ont his claimant…"

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 20, 2001 and extending through May 16, 2002. Dates of service May 2, 2001 through August 15, 2001 are outside the 365-day ruling and cannot be reviewed.

2. Per Rule 133.307(e)(1)(A) date of service May 16, 2002 cannot be reviewed as neither the requestor or respondent have provided a copy of the HCFA-1500; therefore, it cannot be determined if the services were rendered as billed.

3. Per Rule 133.307(m)(5) CPT code 99213-MP for dates of service August 20, 2001 through August 22, 2001; September 6, 2001; and September 13, 2001 through September 14, 2001 will be dismissed as the respondent has provided EOBs showing payment for the office visits with manipulation have been paid and a dispute no longer exists for this CPT code only.

4. Per *1996 Medical Fee Guideline*, Medicine Ground Rule (II)(8), documentation for the work hardening program, denied as "N – Not appropriately documented", for dates of service August 20, 2001 through September 17, 2001 daily treatment notes did not document treatment and response to treatment as required in the rule referenced; therefore, reimbursement is not recommended.

5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/29/01 09/04/01 09/17/01	99213-MP 99213-MP 99213-MP	$48.00 $48.00 $48.00	$0.00 $0.00 $0.00	N N F	$48.00 $48.00 $48.00	MFG, MGR (I)(B)(1)(b) Rule 408.021	Daily office notes document a manipulation was performed for DOS 8/29/01 and 9/04/01; therefore, services were rendered as billed. Reimbursement is recommended. DOS 9/17/01 denied as "F". Respondent has paid for previous office visits in conjunction with the work hardening program; documentation supports a manipulation was performed; therefore, services were rendered as billed and reimbursement is recommended. Reimbursement in the amount of $144.00 is recommended.
09/27/01	99455-L5WP	$403.00	$0.00	N	DOP/ Reimbursement by level of office visit and number of body areas tested. 99215 OV & 1 body area $103.00 + $300.00 = $403.00	MFG/E/M Ground Rule (XXII)(A) & (C)(a)(i) & (b)(i) Rule 408.021	TWCC-69 and attached report document services were rendered as billed. Reimbursement in the amount of $403.00 is recommended.
Totals		$547.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$547.00**

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $547.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division